

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040874
State File No.

FILED NOV 24 1958

BIRTH NO. ... REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 3048 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY NODAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NODAWAY			
b. CITY (If outside corporate limits, write RURAL and give township) MARYVILLE		c. LENGTH OF STAY (in this place) 3 WKS		c. CITY OR TOWN CLEARMONT		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST FRANCIS HOSPITAL				e. STREET ADDRESS (If rural, give location) R.F.D.			
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTOPHER		b. (Middle) COLUMBUS		c. (Last) BEARS		4. DATE OF DEATH (Month) (Day) (Year) Nov. 16 1958	
5. SEX M	6. COLOR OR RACE WH	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 14, 1891		9. AGE (In years last birthday) 67 If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) MT MORIAN, Mo		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME WILLIAM BEARS		13b. MOTHER'S MAIDEN NAME ANGINETTIE LIMA BEARS		14. NAME OF HUSBAND OR WIFE EVA CURREN BEARS - DECEASED MAUDE BEARS - SURVIVING			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-42-0599		17. INFORMANT'S SIGNATURE OR NAME ADDRESS KENNETH BEARS BURNINGTON JCT MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Q-V Thrombosis - Rt Hemiplegia				INTERVAL BETWEEN ONSET AND DEATH 25 yrs 710 yrs 1 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from OCT 8, 1958 , to Nov. 16, 1958 , that I last saw the deceased alive on Nov. 19, 1958 , and that death occurred at 6 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. R. E. Engle				23b. ADDRESS Maryville		23c. DATE SIGNED 11/18/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-19-58		24c. NAME OF CEMETERY OR CREMATORY CLEARMONT CEMETERY		24d. LOCATION (City, town, or county) (State) CLEARMONT MO	
DATE REC'D BY LOCAL REG. 11-22-58		REGISTRAR'S SIGNATURE Beas Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Burk Jct Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2965

P. O. Address Burl. J. H.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.